| Ellective CAODSU1, 2003                                                                                                                                                          |                                            |                          | 07/76969/                               |                        |            |                            |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|-----------------------------------------|------------------------|------------|----------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                   |                                            |                          | SMALL ENTITY TYPE OR                    |                        |            | OTHER THAN<br>SMALL ENTITY |                        |
| TOTAL CLAIMS                                                                                                                                                                     |                                            |                          | RATE                                    | FEE                    | ٦          | RATE                       | FEE                    |
| FOR                                                                                                                                                                              | NUMBER FILED                               | NUMBER EXTRA             | 1                                       | *385                   | ٦,,,       | BASIC FEI                  |                        |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                          | minus 20= *                                |                          | X\$Q} =                                 | 1.000                  | 7          |                            | 1-116                  |
| INDEPENDENT CLAIMS                                                                                                                                                               | minus 3 = *                                |                          | <del>-</del>                            |                        | OR         |                            | <del> </del>           |
| MULTIPLE DEPENDENT CLAIM PE                                                                                                                                                      | JLTIPLE DEPENDENT CLAIM PRESENT            |                          | X43=                                    | <del> </del>           | OR         | ×8b=                       | <del> </del>           |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                         |                                            |                          | +145=                                   |                        | OR         | +290=                      |                        |
|                                                                                                                                                                                  | TOTAL                                      |                          | JOR                                     | TOTAL                  |            |                            |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                                                                                                                     |                                            |                          | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |            |                            |                        |
| CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                 | HIGHES NUMBE PREVIOU PAID FO               | R PRESENT<br>SLY EXTRA   | ·RATE                                   | ADDI-<br>TIONAL        |            | RATE                       | ADDI-<br>TIONAI        |
| 2 - 10                                                                                                                                                                           | Minus # 20                                 |                          | X\$Q=                                   | FEE                    |            | X\$(8=                     | FEE                    |
| Independent * 3                                                                                                                                                                  | Minus *** 3                                | =                        | X(12=                                   |                        | OR         | <del></del>                |                        |
| FIRST PRESENTATION OF MUI                                                                                                                                                        | LTIPLE DEPENDENT C                         | LAIM                     |                                         |                        | OR         | *26=                       |                        |
|                                                                                                                                                                                  | d .                                        |                          | +(45 =                                  |                        | OR         | TOTAL                      |                        |
| (Calium 4)                                                                                                                                                                       | <b>6</b>                                   | <b>a</b> \ <b>(a</b> \ ) | ADDIT. FEE                              |                        | OR A       | DDIT. FEE                  |                        |
| (Column 1) CLAIMS                                                                                                                                                                | (Column<br>HIGHES                          | T .                      |                                         | ADDI                   | -          |                            |                        |
| REMAINING AFTER AMENDMENT  Total * N  Independent * N                                                                                                                            | NUMBER<br>PREVIOUS<br>PAID FOR             | LY EXTRA                 | RATE                                    | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
| Total * N                                                                                                                                                                        | finus **                                   | =                        | x19=                                    |                        | OR         | x\$/8=                     |                        |
| Independent * No FIRST PRESENTATION OF MULT                                                                                                                                      | finus ***                                  | = -                      | X43=                                    |                        | OR         | ×86=                       |                        |
| THE PROPERTY OF MOL                                                                                                                                                              | TIPLE DEPENDENT CL                         | AIM                      | +145=                                   | :                      | OR         | +290=                      | <del></del>            |
|                                                                                                                                                                                  |                                            | •                        | TOTAL                                   |                        | _ <b>L</b> | TOTAL                      | · .                    |
| (Column 1)                                                                                                                                                                       | (Column 2                                  | 2) (Column 3)            | ADDIT. FEE                              |                        | OTT A      | DDIT. FEE                  |                        |
| CLAIMS<br>REMAINING                                                                                                                                                              | HIGHEST<br>NUMBER<br>PREVIOUSL<br>PAID FOR | PRESENT EXTRA            | RATE                                    | ADDI-<br>TIONAL<br>FEE | T          | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  Total   Independent   Mi                                                                                                                                              | hus **                                     | =                        | X\$9=                                   |                        |            | X\$(8=                     | ree.                   |
| 7                                                                                                                                                                                | nus ***                                    | =                        | XB=                                     |                        |            |                            | · · · · ·              |
| FIRST PRESENTATION OF MULT                                                                                                                                                       | IPLE DEPENDENT CLA                         | AIM .                    | ^1J=                                    | C                      | DR L       | X86                        |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                              |                                            |                          | +  45=                                  | o                      | R .        | A10=                       | ·                      |
| **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                            |                          | TOTAL<br>ADDIT. FEE                     |                        |            | TOTAL<br>DIT. FEE          |                        |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.                                                  |                                            |                          |                                         |                        |            |                            |                        |
| M PTO-875 (Rev. 12/02) U.S. Government Printing Office: 2003 — 498-278/69151 Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE                                             |                                            |                          |                                         |                        |            |                            |                        |

Application or Docket Number